



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy
Newsletter**

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Published by EDS, fiscal agent for the North Carolina Medicaid Program
1-800-688-6696 or 919-851-8888

Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with drug rebate agreements. They are listed by Manufacturer code, the first five digits of the NDC.

Additions

The following labelers have entered into drug rebate agreements and will join the drug rebate program effective April 1, 2000:

Code Manufacturer

56091	Johnson & Johnson Medical
63921	Ameriderm Laboratories, Ltd.
65162	R&S Pharma, Inc.
65199	Virco Pharmaceuticals, Inc.
65219	American Pharmaceutical Partners, Inc.

Recipients with Medicare Coverage

It has come to our attention that some pharmacies are charging Medicaid recipients when a prescription is denied due to Medicare coverage. The recipients must not be charged for these claims. If a provider elects to be a Medicaid provider, he also must bill Medicare when directed to do so. If providers are not willing to bill Medicare, then the recipient should be sent to another pharmacy for all of their prescription needs.

Forms Available on Website

The Division of Medical Assistance (DMA) has placed some of the most requested Medicaid forms on its website for your convenience. The forms are:

- Electronic Funds Transfer (EFT) Form
- Health Insurance Information Referral Form
- Medicaid Adjustment Form
- Medicare Crossover Reference Request Form
- Medicaid Resolution Inquiry Form
- Pharmacy Adjustment Request Form
- Signature on File Form
- Six Prescription Limit Override Form

To access these forms go to www.dhhs.state.nc.us/dma Once the site is located, click on Forms and Publications (under Services and Publications) and a list of the forms will appear. Click on the appropriate form and print.

EDS, 1-800-688-6696 or 919-851-8888

Drug Enforcement Administration (DEA) Number Required

Effective with date of service April 1, 2000, the Division of Medical Assistance (DMA) will use the DEA number on pharmacy claims instead of the UPIN. This change will be advantageous for the physicians, pharmacies and the DMA for the following reasons.

- Prescribers will be identified more effectively and accurately in our claims processing system.
- The number of inquiries made by providers' staff to obtain the correct number for billing purposes will be reduced.
- The efforts of the Third Party Recovery Section will be facilitated as it bills commercial insurance on behalf of Medicaid to recover monies for services rendered to those Medicaid recipients who have other types of health insurance coverage.
- The work of the Drug Utilization Review Program, identifies drug therapy problems in the Medicaid population for the purpose of educating and informing providers of inappropriate patterns of use and abuse among recipients, will be enhanced by the accurate identification of prescribers. Currently, about 40 per cent of the data is lost because of inaccurate or invalid UPINs being submitted on pharmacy claims.
- The Pharmacy Review Section will be able to identify prescribers more effectively for the purpose of verifying prescriptions and conducting reviews of pharmacy billings.
- Contacts with prescribers will be more effective because they have been accurately identified with DEA numbers.

Pharmacy providers may begin submitting the DEA number on pharmacy claims immediately.

Medicaid Resolution Inquiry Form

The Medicaid Resolution Inquiry Form is a valuable tool to use when filing Medicaid. This form should only be used to request time-limit overrides, TPL overrides, and other claims requiring overrides prior to processing, i.e., Medicare part A, Medicare part B, etc. **Overrides will not be issued on claims without this form.**

The following are instructions for completing the Medicaid Resolution Inquiry Form:

- Provider number - enter the billing provider number
- Provider name and address - enter the billing provider name and business address
- Recipient name - enter the recipient name as it appears on the Medicaid card
- Recipient ID - enter the recipient ID as it appears on the Medicaid card
- Date of Service - enter the specific date(s) of service
- Claim number - enter the ICN if the claim was previously processed
- Billed amount - enter the total amount billed on the claim
- Signature of sender
- Phone number - enter daytime phone number

Attach the claim, pertinent RA's, and any other related information to the completed Medicaid Resolution Inquiry Form. Refer to February 2000 Medicaid bulletin, or to DMA's website (www.dhhs.state.nc.us/dma), for a copy of the Medicaid Resolution Inquiry Form.

Checkwrite Schedule

March 7, 2000	April 11, 2000	May 9, 2000
March 14, 2000	April 18, 2000	May 16, 2000
March 21, 2000	April 27, 2000	May 23, 2000
March 30, 2000		May 31, 2000

Electronic Cut-Off Schedule

March 3, 2000	April 7, 2000	May 5, 2000
March 10, 2000	April 14, 2000	May 12, 2000
March 17, 2000	April 21, 2000	May 19, 2000
March 24, 2000		May 26, 2000

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.

Paul R. Perruzzi, Director
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